

Social Security No. *(optional)*

Drivers License No.

COBB COUNTY BOARD OF ELECTIONS & REGISTRATION

APPLICATION FOR OFFICIAL ABSENTEE BALLOT BY MAIL 2012

PLEASE PRINT (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

DATE OF BIRTH	PHONE #	E-MAIL ADDRESS (Required for UOCAVA electronic ballots)	
NAME AS REGISTERED	LAST	FIRST	MIDDLE
CURRENT ADDRESS	#	STREET	CITY
		ZIP CODE	

☐ Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET	CITY	STATE	ZIP CODE
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I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION:

Note: one (1) application per election may be filed up to 180 days prior to the Election Date *(see exceptions below)

- ☐ General (Presidential) Election
- November 6, 2012
- ☐ General Election Runoff
- December 4, 2012

*Elderly and Disabled Voters: You may request ballots for the rest of the year as allowed by law.

- ☐ I am 75 years of age or older
- ☐ I have a physical disability

*UOCAVA Voters:

UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas.

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission ☐. Provide Email address above
For UOCAVA Voters Only – Please send all ballots this year as allowed by law ☐.

My current status is (please mark one):

- ☐ MOS – Military Overseas
- ☐ MST – Military Stateside
- ☐ OST – Overseas Temporary Resident
- ☐ OSP – Overseas Permanent Resident (federal offices only)



SIGNATURE OR MARK* OF VOTER - REQUIRED

*Signature of person preparing application if voter is disabled or illiterate - REQUIRED

You may apply on behalf of another person in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is ☐ residing temporarily out of the county or is a ☐ physically disabled voter residing within the county and that the facts included in this application are true.



SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED

OFFICE USE ONLY

DIST. COMBO	PRECINCT
BALLOT # _____	ISS. DATE _____

I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER

☐ IS ELIGIBLE

☐ IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT

REASON FOR REJECTION: _____

INITIALS _____

PACKET PREPARED BY: _____

PACKET REVIEWED BY: _____

Please cut here before submitting

Please Submit in ONE of the following ways:

- Fax: 770/528-2458 or 770/528-2519
- Or Scan and Email: Info@CobbElections.org (PDF format preferred)
- Or Mail: COBB COUNTY BOARD OF ELECTIONS & REGISTRATION
P.O. BOX 649
MARIETTA, GA 30061-0649

Have You.....

- Signed your application?
- Printed your name and address?